## Pre-Authorized Payment *Cancellation*

## For North Little Rock Electric Utility

NAME	PHONE	
(AS IT APPEARS ON YOUR BILL -	PLEASE PRINT)	ZIP
ADDRESS	CITY	CODE
ELECTRIC ACCOUNT NUMBER	2	
I Hereby Request that my Electric Bank Draft. I understand that days before being drafted for paralready been sent to the bank, I drafted.	my account is sent yment, therefore, if	to the bank three (3) my last billing has
Date Signati	ure	
Please, return this form to:		
North Little Rock City Services P. O. Box 936 North Little Rock, Ar 72115		
For more information please cal	11 501-975-8888	